

**Personal Information** *(please print!)*

<b>Gender:</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Decline to respond/other		
<b>Year of birth:</b>	<input type="checkbox"/> 2000-2004	<input type="checkbox"/> 1995-1999	<input type="checkbox"/> 1990-1994	<input type="checkbox"/> 1985-1989	<input type="checkbox"/> 1980-1984
	<input type="checkbox"/> 1975-1979	<input type="checkbox"/> 1970-1974	<input type="checkbox"/> 1965-1969	<input type="checkbox"/> 1960-1964	<input type="checkbox"/> 1955-1959
	<input type="checkbox"/> 1950-1954	<input type="checkbox"/> 1945-1949	<input type="checkbox"/> 1940-1944	<input type="checkbox"/> earlier	
<b>Total time in Sweden:</b>	_____ years _____ months				

**Education**

	<i>outside of Sweden</i>	<i>in Sweden</i>
<input type="checkbox"/> Elementary school	number of years _____	number of years _____
<input type="checkbox"/> Introductory programme		number of years _____
<input type="checkbox"/> Gymnasium/upper secondary school	number of years _____	number of years _____
<input type="checkbox"/> Technical/vocational school	number of years _____	number of years _____
<input type="checkbox"/> Degree: _____		
<input type="checkbox"/> University/other inst. of higher education	number of years _____	number of years _____
<input type="checkbox"/> Degree: _____		
<input type="checkbox"/> Other _____		

**Language**

**Native language** *(one or more)* \_\_\_\_\_

☐ Courses in my native language in a Swedish school \_\_\_\_\_ *(which language?)*  
number of years \_\_\_\_\_ months \_\_\_\_\_

☐ Other languages you know: \_\_\_\_\_

☐ Which language do you speak best? \_\_\_\_\_

☐ Which language do you write best? \_\_\_\_\_

☐ Which language(s) do you use:  
in speaking with your family? \_\_\_\_\_  
in speaking with friends? \_\_\_\_\_  
at work/at school? \_\_\_\_\_  
Other *(where?)* ? \_\_\_\_\_

**Where/how have you learned Swedish?**

☐ Have learned myself

☐ Courses in Swedish / Swedish as Secondary Language / SFI number of years \_\_\_\_\_ months \_\_\_\_\_

If you have any questions, feel free to contact us by writing to: [swell@svenska.gu.se](mailto:swell@svenska.gu.se)

SweLL ID \_\_\_\_\_ (*to be filled in by teacher/project assistant*)